

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42295

State File No. ....

FILED JAN 11 1952

BIRTH NO. --- REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 58

5644  
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1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (In this place) 10 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Rest Home					
d. STREET ADDRESS (If rural, give location) 1					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle)	c. (Last) Haller	(Month) 12	(Day) 19	(Year) 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 11 1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME J.J. Haller	13b. MOTHER'S MAIDEN NAME Louise Hines	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME S. A. Drake	ADDRESS Palmyra Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION Cardio Renal Syndrome		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		DUE TO (b)		
	Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Dec 14, 1951, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE E. M. Luke D. O.	23b. ADDRESS Hannibal Mo.	23c. DATE SIGNED 12-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/19/51	24c. NAME OF CEMETERY OR CREMATORY Palmyra Cem.	24d. LOCATION (City, town, or county) (State) Palmyra Mo.
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DATE REC'D BY LOCAL REG. 12/22/51	REGISTRAR'S SIGNATURE E. M. Luke	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Sprague	ADDRESS Palmyra Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 5 1952

S. J. ... CO. HEALTH DEPT.

DATE FILED JAN 7 1952

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.